



RSVP of the Greater Lehigh Valley

321 Wyandotte Street, Bethlehem, PA 18015

Volunteer Enrollment Form

484-937-9022



Please print.

First Name _____ MI _____ Last Name _____

Street _____ Apt or P.O.# _____

City _____ State PA Zip Code _____

Your County Lehigh Northampton Carbon other _____

Phone # _____ Cell Phone # _____

Your E-mail _____

Date of Birth _____ Are you a veteran? Yes No

Do you have a physical or medical condition that may limit your volunteer work? Yes No

If YES, please specify _____

I prefer to volunteer in my county within ___ miles of my home wherever needed

May we call on you for special events or short-term projects? Yes No

Do you currently volunteer? Yes No

If YES, where? _____

FREE Supplemental Volunteer Liability and Accident Medical Coverage

As a member of RSVP you are covered by excess accident medical coverage plus volunteer and automobile liability insurance while performing volunteer duties. This coverage is provided at **NO COST** to you and remains in effect as long as you are an active RSVP member. **Since this insurance includes accidental death coverage you need to designate a beneficiary.**

Beneficiary Name	Relationship
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Address	Phone
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Emergency contact (if different from Beneficiary)	Daytime Phone
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Statements of Agreement. Please read and initial each statement. Then sign and date this form.

Use of Automobile in Volunteer Service.

I understand that if I use my personal automobile to and from my volunteer site, I will maintain automobile liability insurance equal to, or greater than, the minimum required by the Commonwealth of Pennsylvania. I will also keep in effect a valid Pennsylvania Drivers License.

Confidentiality Statement

I understand in my capacity as an RSVP volunteer I may come into contact with confidential information about persons I serve. I agree to refrain from any and all unauthorized disclosure of such confidential information.

Photography Waiver

I grant permission to RSVP of the Greater Lehigh Valley to use my likeness if at any time during my volunteer duties my picture, either alone or as part of a group, is taken for public relations or promotional materials or reasons

Volunteer Clearances Agreement

I understand that RSVP may, at their expense, need to perform confidential background or driver history checks on registered members. Should my assignment(s) require a criminal background or driver history check I would give my permission for such checks to occur.

X

Your Signature

X

Today's Date

*It is helpful if you would provide the following **OPTIONAL** information so we can compile demographic data when asked by the Corporation for National and Community Service (CNCS).*

- Gender:** Male Female **Ethnicity:** Hispanic Non-Hispanic
- Race:** American Indian/Alaska Native Black or African American Asian Hawaiian/Pacific Islander
 White Other

*Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP & CNCS*

Check or list any Volunteer Opportunities that interest you

- Drive seniors to appointments Deliver Meals on Wheels Friendly Caller for Senior CHAT
- Friendly Visitor Virtual Visitor Stream Monitor (Bushkill) Food Bank Helper
- PA-Medi (trained Medicare Counselor) _____

Staff Signature

Today's Date